UNITED STATES DISTRICT COURT

RECEIVED

for the

District of Tenessee

DDC Division

AUG 2 4 2023

U.S. District Court Middle District of TN

| | Case No. |
|--|---|
| Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.) | (to be filled in by the Clerk's Office)))))) |
| -V- |)))) |
| Defendant(s) (Write the full name of each defendant who is being sued. If the numes of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.) |))) |

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Page 1 of 11

I. The Parties to This Complaint

A. The Plaintiff(s)

B.

| reduce the information below for each plaintiff named in the complaint. Attach additional pages if needed. |
|--|
| Name Brandon King |
| All other names by which |
| you have been known: |
| ID Number (2/4 4 12 465/740 C 4 6 4 4 3 |
| you have been known: ID Number CA 4 12 465/100 C 464413 Current Institution 2016 d sen Canta She 465 Pfice Address P. D. Box 196383 |
| City Mashville State III Zip Code 37219 |
| The Defendant(s) |
| Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed. |
| Defendant No. 1 Name State of Tennessee Job or Title (if known) Shield Number Employer State of TM Address |
| Address |
| City State Zip Code 372/9 |
| Individual capacity Official capacity |
| Defendant No. 2 Name Job or Title (if known) Shield Number Employer Address |
| |
| City State Zip Code Individual capacity Official capacity |

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Crue & Musual Puniment, Decrivation of Civil Rights, Reprivation of Human, terlan Rights

Plaintiffs suing under Bivens may only recover for the violation of certain constitutional rights. If you are suing under Bivens, what constitutional right(s) do you claim is/are being violated by federal officials?

C.

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| III. | D. Prison | Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under Bivens, explain how each defendant acted under color of federal law. Attach additional pages if needed. HO HALC CASC OF POSTONAL ASSERTING COLOR SECTION | | | |
|------|--|--|--|--|--|
| | Indica | te whether you are a prisoner or other confined person as follows (check all that apply): | | | |
| | | Pretrial detainee | | | |
| | | Civilly committed detained | | | |
| | | Immigration detainee | | | |
| | | Convicted and sentenced state prisoner | | | |
| | | Convicted and sentenced federal prisoner | | | |
| | | Other (explain) | | | |
| IV. | Statem | ent of Claim | | | |
| | State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed. | | | | |
| | Α. | If the events giving rise to your claim arose outside an institution, describe where and when they arose. | | | |
| | В. | If the events giving rise to your claim arose in an institution, describe where and when they arose. These events giving rise to your claim arose in an institution, describe where and when they arose. These events giving rise to your claim arose in an institution, describe where and when they arose. These events giving rise to your claim arose in an institution, describe where and when they arose. Page 4 of 11 Page 4 of 11 Filed 08/24/23 Page 4 of 13 Page ID #: 4 | | | |
| | Cas | e 3123-cv-00906 Document 1 Filed 08/24/23 Page 4 of 13 Page ID #: 4 - Cv-100 | | | |

C.

| | 8-13-2023 |
|-----|--|
| V. | D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?) E the fact in home Conditions: Staff & Administratives refuse to have water Systems damage required of ferus involutions should constantly inform & notify that water is too add for us to get in & showe are refused by Courtless involves putting elympine at six for a facting covid-19 & Catching Pneumonia & nonetes are hased for facting full of garns which is a life & health hazard Injuries |
| | |
| VI. | treatment, if any, you required and did or did not receive. For Covid-M. Pneumosa & other Contagious diseases & infection direction to the form of the contagious diseases & infection to the form of the contagious diseases & infection to the form of the contagious diseases & infection to the form of the contagious diseases & infection to the contagious diseases & infection direction d |
| | State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims. |
| | |
| | My life at fisk of death from getting disease! I Aint Playin about my life; I am incorrected for one misdementary Charge Which I have served the time for over ancer ago! |
| | Charge Which I have served the time for over an ecic ago! I should have been relased from jail & I am Still A MENTAL HEALTH PATTENT ALL SET A AMENTAL MY NONEL PROJECT AND PAGE SOFTI |
| | DEPLOY ME THE THE COURT |
| | Coase 3:23-cv-00906, Document 1 Filed 08/24/23 Page 5 of 13 Page ID #/5 CONTIN |

What date and approximate time did the events giving rise to your claim(s) occur?

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

| A. | Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility? |
|----|--|
| | Yes |
| | No |
| | If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). Davidson County Short of the County Short o |
| В. | Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance |
| | procedure? |
| | |
| | □ No |
| | Do not know |
| | |
| C. | Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims? |
| | Yes |
| | No |
| | Do not know |
| | If yes, which claim(s)? |

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| D. | Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint? |
|----|---|
| | Yes |
| | ₽ No |
| | If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility? |
| | Yes |
| | No |
| E. | If you did file a grievance: |
| | 1. Where did you file the grievance? |
| | MA |
| | 2. What did you claim in your grievance? |
| | |
| | 3. What was the result, if any? |
| | 4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.) |
| | All Administrative Staff don't custom becase to one on the lie & hide things & Continue to nide things & device us innales of an Rights Page 7 of 11 |
| | becase horne loca, they lie & hile |
| | His O Continua for hido Mines & decido la |
| | Page 7 of 11 |
| | INPARS OF WINDARD |

| F. If you did not file a gri | rievance |
|------------------------------|----------|
|------------------------------|----------|

VIII.

| F. If you did not file a grievance: |
|--|
| 1. If there are any reasons why you did not file a grievance, state them here: Administrable Staff, do not Answer & they always see & hide things. |
| 2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any: The Songeants of the Jail They keep not excuse secures they keep not excuse secures they know they are restingup & red thanked |
| G. Please set forth any additional information that is relevant to the exhaustion of your administrative |
| Shop lifting I have been soil over a heef the sail over a heef the sail over a heef the sail over t |
| Previous Lawsuits |
| The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g). |
| To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"? |
| Yes |
| No No |

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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| A. | Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action? |
|----|---|
| | Yes |
| | □ No |
| B. | If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.) |
| | 1. Parties to the previous lawsuit Plaintiff(s) Brandon J. King Defendant(s) Brandon Briggity |
| | 2. Court (if federal court, name the district; if state court, name the county and State) David 501 Courty, 110 |
| | 3. Docket or index number Forgot might be 3:23-CV-00459 |
| , | 4. Name of Judge assigned to your case |
| | 5. Approximate date of filing lawsuit 2020, 2021, 2022, 2023 |
| | 6. Is the case still pending? |
| | Yes |
| | No |
| | If no, give the approximate date of disposition. Before 2072 |
| | 7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?) |
| C. | Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your |
| O. | imprisonment? |
| | Page 9 of 1 |

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IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

| | Date of signing: | 8-2023 | 3 | | |
|----|--|--|------------------|----------------|-------------|
| | Signature of Plaintiff Printed Name of Plaintiff | John To | V .60 | | |
| | Prison Identification # /// | 10000 0.1000 0.1000 0.1000 0.1000 0.1000 0.1000 0.1000 0.1000 0.1000 0.1000 0.1000 0.1000 0.1000 0.1000 0.1000 | | | |
| | Prison Identification # 47 | on County 5 | Lyds heifts C | Afre P. | O. Box 196 |
| | | City | Nashville | State | Zip Code 37 |
| В. | For Attorneys | | | | |
| | Date of signing: | | | Ъ | - |
| | Signature of Attorney | | | | |
| | Printed Name of Attorney | | | - - | |
| | Bar Number | and the same of th | | 0.00 | |
| | Name of Law Firm | | | | |
| | Address | | | | |
| | | City | | State | Zip Code |
| | Telephone Number | | | | |
| | E-mail Address | | | | |
| | | | | | |

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DAVIDSON COUNTY SHERIFF'S OFFICE

NASHVILLE, TN 37219-6383

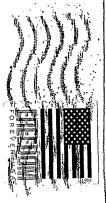
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for the Middle District of Tenne Miller The 37703

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